

AUGUST 2004
IMMUNIZATIONS AND BACK TO SCHOOL READINESS

We all hope to give our children the essential tools to grow strong and make good decisions. We do our best to protect them from harm. One of the best decisions we can make as parents or guardians is to have our children immunized against diseases. Immunizations are one of the easiest and most effective ways to prevent serious diseases in children. With “back to school” season rapidly approaching, we need to examine the benefits of immunizations.

Immunizations, or shots, help your child’s immune system to protect against infections. Vaccines allow our bodies to make antibodies, which, in turn, give us immunity to a disease before it has the chance to make us sick. Most vaccines protect 90-99% or more of the individuals vaccinated. The widespread use of vaccines has reduced the peak-level incidence of disease in the United States by at least 95 percent.

The Macomb County Health Department recommends that children begin immunizations at birth and continue through life. Since children can be exposed to disease at any age, it is recommended that immunizations begin as soon as possible. There are 12 serious diseases that vaccines protect against: Measles, Mumps, Rubella (German Measles), Diphtheria, Tetanus (lockjaw), Pertussis (Whooping Cough), Polio, *Haemophilus influenzae* type b (Hib Disease), Hepatitis B, Varicella (Chickenpox), Hepatitis A, and Pneumococcal disease. Children who do not receive the recommended vaccinations may experience one of two outcomes: If the child goes through life without ever being exposed to the disease, nothing would happen. If the child is exposed to a disease without the vaccination, there is a good chance he or she might get the disease. Illness could range from being very mild to being deadly. In addition, a child who is not vaccinated might spread the disease to other children or even adults who are not immune.

Some people worry that several shots at once could be harmful to children, but this is untrue. Studies have shown that vaccines are safe and effective when give alone or when give together. Many vaccines are combined, such as MMR and DTaP, which reduces the total number of shots needed. Some of the diseases only require one shot, and others require several doses for the best protection. Although shots are very safe, they may cause reactions. It is important to remember that the disease itself is much more dangerous than getting shots.

Back to School Laws and Requirements for Macomb County Schools:

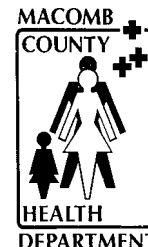
For Children 0-4 years of age – See Appendix A

For Children 5 years of age and older – See Appendix B

For Children entering grades K-2 and new to the School District – See Appendix C

Macomb County Health Department Clinic Schedule – See Appendix D

Recommended Childhood and Adolescent Immunization Schedule – See Appendix E



ATTENTION

PARENTS/ LEGAL GUARDIANS

IMMUNIZATION REQUIREMENTS

0-4 YEARS OF AGE

MICHIGAN STATE LAW, SECTION 92 OF P.A. 368 OF 1978 AND THE MACOMB COUNTY IMMUNIZATION REGULATION ENACTED SEPTEMBER 27, 1979 PROHIBIT CHILD CARE CENTER OPERATORS FROM ADMITTING CHILDREN TO A CHILD CARE CENTER, GROUP RESIDENCE OR PRESCHOOL PROGRAM WITHOUT THE REQUIRED IMMUNIZATIONS.

YOUR CHILD CANNOT ENROLL IN A PRESCHOOL, CHILD CARE, OR HEAD START PROGRAM WITHOUT A RECORD FOR 1 DOSE OF EACH AGE APPROPRIATE VACCINE:

AND

MUST COMPLETE ALL THE REQUIRED IMMUNIZATIONS TO REMAIN IN THE PROGRAM

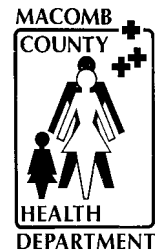
VACCINE	# OF DOSES BY AGE			
	WK-1 MONTH	2-3 MONTHS	4-5 MONTHS	MONTHS
DTP/DTaP/DT	0	1	2	3
POLIO	0	1	2	2
HIB	0	1	2	2
HEPATITIS B	0	1	2	2

CHILDREN AGE 15 MONTHS THROUGH 4 YEARS	
VACCINE	VACCINE REQUIREMENTS
DTP/DTaP/DT	<ul style="list-style-type: none"> 4 doses
POLIO	<ul style="list-style-type: none"> 3 doses
HIB	<ul style="list-style-type: none"> 1 dose on or after 15 months of age, OR The complete series prior to age 15 months.
MMR	<ul style="list-style-type: none"> 1 dose on or after the 1st birthday, OR Laboratory evidence of measles, mumps and rubella immunity.
HEPATITIS B	<ul style="list-style-type: none"> 3 doses
VARICELLA (Chickenpox)	<ul style="list-style-type: none"> 1 dose received on or after the 1st birthday, OR Laboratory evidence of varicella immunity, OR Physician's or parent/ legal guardian's statement certifying the child has had varicella disease.

CHILDREN WHO HAVE NOT COMPLETED THE
"REQUIRED IMMUNIZATIONS TO REMAIN IN THE PROGRAM"
AND ARE NOT IN A DOSE WAITING PERIOD WILL BE EXCLUDED ON:

WEDNESDAY, MARCH 2, 2005

If necessary, waiver forms are available in your child's program office.



ATTENTION

**PARENTS/ LEGAL GUARDIANS
IMMUNIZATION REQUIREMENTS
5 YEARS OF AGE AND OLDER**

MICHIGAN STATE LAW, SECTION 92 OF P..A. 368 OF 1978 AND THE MACOMB COUNTY IMMUNIZATION REGULATION ENACTED SEPTEMBER 27, 1979 PROHIBIT CHILD CARE CENTER OPERATORS FROM ADMITTING CHILDREN TO A CHILD CARE CENTER, GROUP RESIDENCE OR PRESCHOOL PROGRAM WITHOUT THE REQUIRED IMMUNIZATIONS.

**YOUR CHILD CANNOT ENROLL IN A PRESCHOOL, CHILD CARE, OR HEAD START PROGRAM WITHOUT A RECORD FOR 1 DOSE OF EACH AGE APPROPRIATE VACCINE:
AND
MUST COMPLETE ALL THE REQUIRED IMMUNIZATIONS TO REMAIN IN THE PROGRAM**

CHILDREN 5 YEARS OF AGE AND OLDER	
VACCINE	VACCINE REQUIREMENTS
DTP/DTaP/DT	<ul style="list-style-type: none">• 4 doses• 1 booster dose on or after the 4th birthday.• A booster dose is not necessary if the 4th dose was given on or after the 4th birthday.
POLIO	<ul style="list-style-type: none">• 3 doses• 1 booster dose on or after the 4th birthday.• A booster dose is not necessary if the 3rd dose was given on or after the 4th birthday
MMR	<ul style="list-style-type: none">• 2 doses on or after the 1st birthday <u>and</u> 28 days or more between doses <p>OR</p> <ul style="list-style-type: none">• Laboratory evidence of measles, mumps <u>and</u> rubella immunity.
HEPATITIS B	<ul style="list-style-type: none">• 3 doses
VARICELLA (Chickenpox)	<ul style="list-style-type: none">• 1 dose received on or after the 1st birthday, <p>OR</p> <ul style="list-style-type: none">• Laboratory evidence of varicella immunity, <p>OR</p> <ul style="list-style-type: none">• Physician's or parent/ legal guardian's statement certifying the child has had varicella disease.

**CHILDREN WHO HAVE NOT COMPLETED THE
“REQUIRED IMMUNIZATIONS TO REMAIN IN THE PROGRAM”
AND ARE NOT IN A DOSE WAITING PERIOD WILL BE EXCLUDED ON:**

WEDNESDAY, MARCH 2, 2005

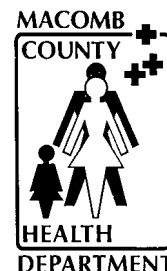
If necessary, waiver forms are available in your child's program office.



ATTENTION

2004-2005 School Year

TO THE PARENTS/LEGAL GUARDIANS
OF
KINDERGARTEN STUDENTS
6TH GRADE STUDENTS
NEW TO DISTRICT STUDENTS



MICHIGAN STATE LAW, SECTION 92 OF P.A. 368 OF 1978 AND THE MACOMB COUNTY IMMUNIZATION REGULATION ENACTED SEPTEMBER 27, 1979 PROHIBIT A PRINCIPAL AND/OR TEACHER FROM ALLOWING YOUR CHILD TO ATTEND CLASS WITHOUT THE REQUIRED IMMUNIZATIONS.

REQUIRED IMMUNIZATIONS TO ENTER SCHOOL

Your child must have 1 dose of:

- A. DTP/DTaP/Td – Diphtheria, Tetanus, Pertussis (Whooping Cough) vaccine.
- B. Polio vaccine.
- C. MMR – Measles, Mumps, Rubella vaccine received on or after the 1st birthday.
- D. Hepatitis B vaccine.
- E. Varicella (Chickenpox) vaccine if no history of varicella (chickenpox) disease.

REQUIRED IMMUNIZATIONS TO REMAIN IN SCHOOL

Your child must have a minimum of:

Children 4-6 Years of Age	Children 7 Years of Age and Older
A. 4 doses of DTP/DTaP vaccine, plus a booster dose on or after the 4 th birthday. A booster dose is not necessary if the 4 th dose was given on or after the 4 th birthday.	A. 4 doses of DTP/DTaP/Td vaccine – 3 doses if the 1 st dose was received on or after the 7 th birthday. Td booster if not received within the last ten years.
B. 3 doses of Polio vaccine, plus a booster dose on or after the 4 th birthday. A booster dose is not necessary if the 3 rd dose was given on or after the 4 th birthday.	B. 3 doses of Polio vaccine. Polio vaccine is not required if the child is 18 years of age or older.
C. 2 doses of Measles, Mumps, Rubella (MMR) vaccine received on or after the 1 st birthday, at least 28 days apart.	C. 2 doses of Measles, Mumps, Rubella (MMR) vaccine received on or after the 1 st birthday, at least 28 days apart.
D. 3 doses of Hepatitis B vaccine.	D. 3 doses of Hepatitis B vaccine.
E. 1 dose of Varicella (Chickenpox) vaccine received on or after the 1 st birthday.	E. 1 dose of Varicella (Chickenpox) vaccine received on or after the 1 st birthday. OR 2 doses at least 28 days apart if first dose was received on or after the 13 th birthday.

STUDENTS FAILING TO MEET
“REQUIRED IMMUNIZATIONS TO REMAIN IN SCHOOL”
AND ARE NOT IN A DOSE WAITING PERIOD WILL BE EXCLUDED ON:

OCTOBER 20, 2004 & MARCH 16, 2005

SEE OTHER SIDE FOR HEALTH DEPARTMENT CLINIC INFORMATION

If necessary, waiver forms are available at your school.

MACOMB COUNTY HEALTH DEPARTMENT CLINIC HOURS

The Macomb County Health Department has expanded Immunization Clinic hours to fit the busy schedule of parents and children. The clinic schedule is:

Monday-Friday	8:30 a.m.-5:00 p.m.	<u>Southeast Health Center</u>**
Monday	8:30 a.m.-7:30 p.m.	25401 Harper Avenue St. Clair Shores, MI 48081 (586) 466-6800
Monday-Friday	8:30 a.m.-5:00 p.m.	<u>Mt. Clemens Health Center</u>**
Wednesday	8:30 a.m.-7:30 p.m.	43525 Elizabeth Road Mt. Clemens, MI 48043 (586) 469-5372
Monday-Friday	8:30 a.m.-5:00 p.m.	<u>Southwest Health Center</u>**
Thursday	8:30 a.m.-7:30 p.m.	29600 Civic Center Blvd. Warren, MI 48093 (586) 573-2090
1 st Wednesday of each month <u>only</u>	9:00 a.m.-11:00 a.m. 1:00 p.m.- 4:00 p.m.	<u>Richmond</u> (Basement of Dr. McClellan's office) 35008 Division (32 Mile Road) Richmond, MI 48062 (586) 469-5520
2 nd Wednesday AND 4 th Tuesday of each month (except December)	9:00 a.m.-11:00 a.m. 1:00 p.m.- 4:00 p.m.	<u>Romeo</u> (Almont– located at St. Joseph's) 80650 North Van Dyke Romeo, MI 48065 (586) 469-5520
2 nd Wednesday of each month Note day of month change	9:00 a.m.-11:00 a.m. 1:00 p.m.-4:00 p.m.	<u>New Haven Medical Center</u> 57737 Gratiot Avenue New Haven, MI 48048 (586) 469-5520

PLEASE NOTE: VARICELLA VACCINE IS AVAILABLE **ONLY AT MAIN OFFICES** INDICATED BY ASTERISKS (**).

A PARENT OR GUARDIAN MUST BE AVAILABLE TO SIGN CLINIC HEALTH FORMS FOR EACH CHILD.

PLEASE BRING WITH YOU:

- Immunization record(s)
- Social Security number(s)
- Insurance card(s)

There is a fee for each vaccine administered, payable by cash or check only. Medicaid/Medicare will be billed for approved vaccines.

Recommended Childhood and Adolescent Immunization Schedule United States · July–December 2004

Vaccine	Age	Range of Recommended Ages				Catch-up Immunization				Preadolescent Assessment			
		Birth	1 mo	2 mo	4 mo	6 mo	12 mo	15 mo	18 mo	24 mo	4-6 y	11-12 y	13-18 y
Hepatitis B ¹		HepB #1	only if mother HBsAg (-)	HepB #2		HepB #3					HepB series		
Diphtheria, Tetanus, Pertussis ²			DTaP	DTaP	DTaP		DTaP				DTaP	Td	Td
<i>Haemophilus influenzae</i> Type b ³			Hib	Hib	Hib		Hib						
Inactivated Poliovirus			IPV	IPV		IPV				IPV			
Measles, Mumps, Rubella ⁴							MMR #1			MMR #2		MMR #2	
Varicella ⁵							Varicella			Varicella			
Pneumococcal ⁶			PCV	PCV	PCV		PCV			PCV	PPV		
Influenza ⁷							Influenza (Yearly)			Influenza (Yearly)			
Hepatitis A ⁸											Hepatitis A Series		

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of April 1, 2004, for children through age 18 years. Any dose not given at the recommended age should be given at any subsequent visit when indicated and feasible. Indicates age groups that warrant special effort to administer those vaccines not previously given. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and the vaccine's other components are not contraindicated. Providers should consult the manufacturers' package inserts for detailed recommendations. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form can be found on the Internet: www.vaers.org or by calling 800-822-7967.

1. Hepatitis B (HepB) vaccine. All infants should receive the first dose of hepatitis B vaccine soon after birth and before hospital discharge; the first dose may also be given by age 2 months if the infant's mother is hepatitis B surface antigen (HBsAg) negative. Only monovalent HepB can be used for the birth dose. Monovalent or combination vaccine containing HepB may be used to complete the series. Four doses of vaccine may be administered when a birth dose is given. The second dose should be given at least 4 weeks after the first dose, except for combination vaccines which cannot be administered before age 6 weeks. The third dose should be given at least 16 weeks after the first dose and at least 8 weeks after the second dose. The last dose in the vaccination series (third or fourth dose) should not be administered before age 24 weeks.

Infants born to HBsAg-positive mothers should receive HepB and 0.5 mL of Hepatitis B Immune Globulin (HBIG) within 12 hours of birth at separate sites. The second dose is recommended at age 1–2 months. The last dose in the immunization series should not be administered before age 24 weeks. These infants should be tested for HBsAg and antibody to HBsAg (anti-HBs) at age 9–15 months.

Infants born to mothers whose HBsAg status is unknown should receive the first dose of the HepB series within 12 hours of birth. Maternal blood should be drawn as soon as possible to determine the mother's HBsAg status; if the HBsAg test is positive, the infant should receive HBIG as soon as possible (no later than age 1 week). The second dose is recommended at age 1–2 months. The last dose in the immunization series should not be administered before age 24 weeks.

2. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. The fourth dose of DTaP may be administered as early as age 12 months, provided 6 months have elapsed since the third dose and the child is unlikely to return at age 15–18 months. The final dose in the series should be given at age ≥4 years. Tetanus and diphtheria toxoids (Td) is recommended at age 11–12 years if at least 5 years have elapsed since the last dose of tetanus and diphtheria toxoid-containing vaccine. Subsequent routine Td boosters are recommended every 10 years.

3. *Haemophilus influenzae* type b (Hib) conjugate vaccine. Three Hib conjugate vaccines are licensed for infant use. If PRP-OMP (Pedvax-HIB or ComVax [Merck]) is administered at ages 2 and 4 months, a dose at age 6 months is not required. DTaP/Hib combination products should not be used for primary immunization in infants at ages 2, 4 or 6 months but can be used as boosters following any Hib vaccine. The final dose in the series should be given at age ≥12 months.

4. Measles, mumps, and rubella vaccine (MMR). The second dose of MMR is recommended routinely at age 4–6 years but may be administered during any visit, provided at least 4 weeks have elapsed since the first dose and both doses are administered beginning at or after age 12 months. Those who have not previously received the second dose should complete the schedule by the visit at age 11–12 years.

5. Varicella vaccine. Varicella vaccine is recommended at any visit at or after age 12 months for susceptible children (i.e., those who lack a reliable history of chickenpox). Susceptible persons age ≥13 years should receive 2 doses, given at least 4 weeks apart.

6. Pneumococcal vaccine. The heptavalent pneumococcal conjugate vaccine (PCV) is recommended for all children age 2–23 months. It is also recommended for certain children age 24–59 months. The final dose in the series should be given at age >12 months. Pneumococcal polysaccharide vaccine (PPV) is recommended in addition to PCV for certain high-risk groups. See *MMWR* 2000;49(RR-9):1-35.

7. Influenza vaccine. Influenza vaccine is recommended annually for children aged ≥6 months with certain risk factors (including but not limited to asthma, cardiac disease, sickle cell disease, HIV, and diabetes), healthcare workers, and other persons (including household members) in close contact with persons in groups at high risk (see *MMWR* 2004;53[RR-6]:1-40) and can be administered to all others wishing to obtain immunity. In addition, healthy children aged 6–23 months and close contacts of healthy children aged 0–23 months are recommended to receive influenza vaccine, because children in this age group are at substantially increased risk for influenza-related hospitalizations. For healthy persons aged 5–49 years, the intranasally administered live, attenuated influenza vaccine (LAIV) is an acceptable alternative to the intramuscular trivalent inactivated influenza vaccine (TIV). See *MMWR* 2004;53[RR-6]:1-40. Children receiving TIV should be administered a dosage appropriate for their age (0.25 mL if 6–35 months or 0.5 mL if ≥3 years). Children aged ≤8 years who are receiving influenza vaccine for the first time should receive 2 doses (separated by at least 4 weeks for TIV and at least 6 weeks for LAIV).

8. Hepatitis A vaccine. Hepatitis A vaccine is recommended for children and adolescents in selected states and regions and for certain high-risk groups; consult your local public health authority. Children and adolescents in these states, regions, and high-risk groups who have not been immunized against hepatitis A can begin the hepatitis A immunization series during any visit. The 2 doses in the series should be administered at least 6 months apart. See *MMWR* 1999;48(RR-12):1-37.

For additional information about vaccines, including precautions and contraindications for immunization and vaccine shortages, please visit the National Immunization Program Web site at www.cdc.gov/nip/ or call the National Immunization Information Hotline at 800-232-2522 (English) or 800-232-0233 (Spanish).

Approved by the Advisory Committee on Immunization Practices (www.cdc.gov/nip/acip/), the American Academy of Pediatrics (www.aap.org/), and the American Academy of Family Physicians (www.aafp.org/).